

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17900

State File No.

FILED JUN 12 1944

Registration District No.

Primary Registration District No. 5410

Registrar's No. 53

1. PLACE OF DEATH

(a) County Douglas Co. Mo.
(b) City or town Richland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near Data mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Seven years years, months or days

3. (a) PRINT
FULL NAME

John. W. Courley
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex m 5. Color or race W. 6. (a) Single, widowed, married married
6. (b) Name of husband or wife Mennie 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased mar. 6 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 13 hr. _____ min _____
9. Birthplace Knoxville Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Larkin Courley
13. Birthplace Knoxville Tenn (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ethel Cosh
(b) Address Data mo

17. (a) Burial (b) Date thereof April 21-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweeten Cemetery

18. (a) Signature of funeral director McClure

(b) Address Wainwright mo

19. (a) 6-1-1944 (b) Wm. C. R. Spaulock (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Richland
(If outside city or town limits, write "RURAL")
(d) Street No. near Data mo (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1944 hour 10 minute _____ M.

21. I hereby certify that I attended the deceased from 3/5-1944 to 4/19/44
that I last saw him alive on April 18 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Rheumatism

Due to _____

Other conditions 92 f (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. C. R. Spaulock (M. D. or other) _____

Address Richland Mo Date signed 4/29/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 644-716

Date Filed JUN 9 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.
working under my personal supervision.

Signed

Lawrence T. Hall

Licensed Embalmer No.

2784

P. O. Address

Winesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.